



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2018:49

Reporting for the week ending 12/8/18 (MMWR Week #49)

December 14, 2018

CURRENT HOMELAND SECURITY THREAT LEVELS

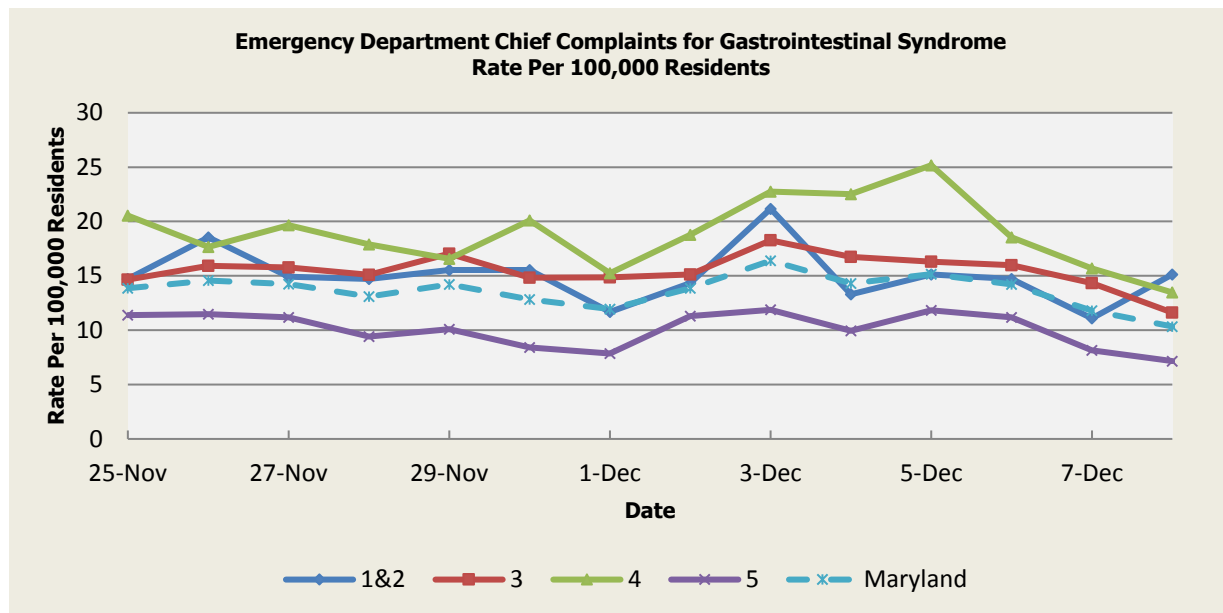
National:	No Active Alerts
Maryland:	Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2018.

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Gastrointestinal Syndrome



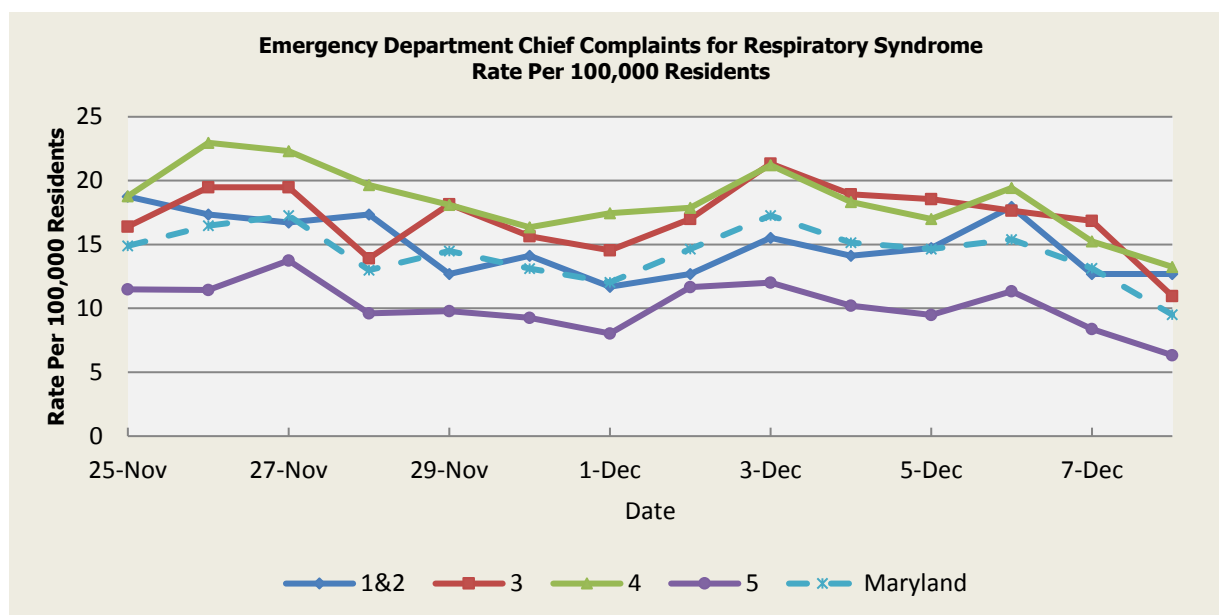
There were seven (7) Gastrointestinal Syndrome outbreaks reported this week: one (1) outbreak of Gastroenteritis in an Assisted Living Facility (Region 3); one (1) outbreak of Gastroenteritis in a Shelter (Region 3); one (1) outbreak of Gastroenteritis associated with a Hotel/Group of Travelers (Region 3); one (1) outbreak of Gastroenteritis associated with a Daycare Center (Region 3); one (1) outbreak of Gastroenteritis associated with a School (Region 3); one (1) outbreak of Gastroenteritis/Foodborne associated with a Restaurant (Region 3); one (1) outbreak of Gastroenteritis/Foodborne associated with a Caterer/ Multiple Events (Region 3)

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.05	15.04	15.71	10.16	13.06
Median Rate*	12.91	14.80	15.24	10.04	12.93

* Per 100,000 Residents

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Respiratory Syndrome



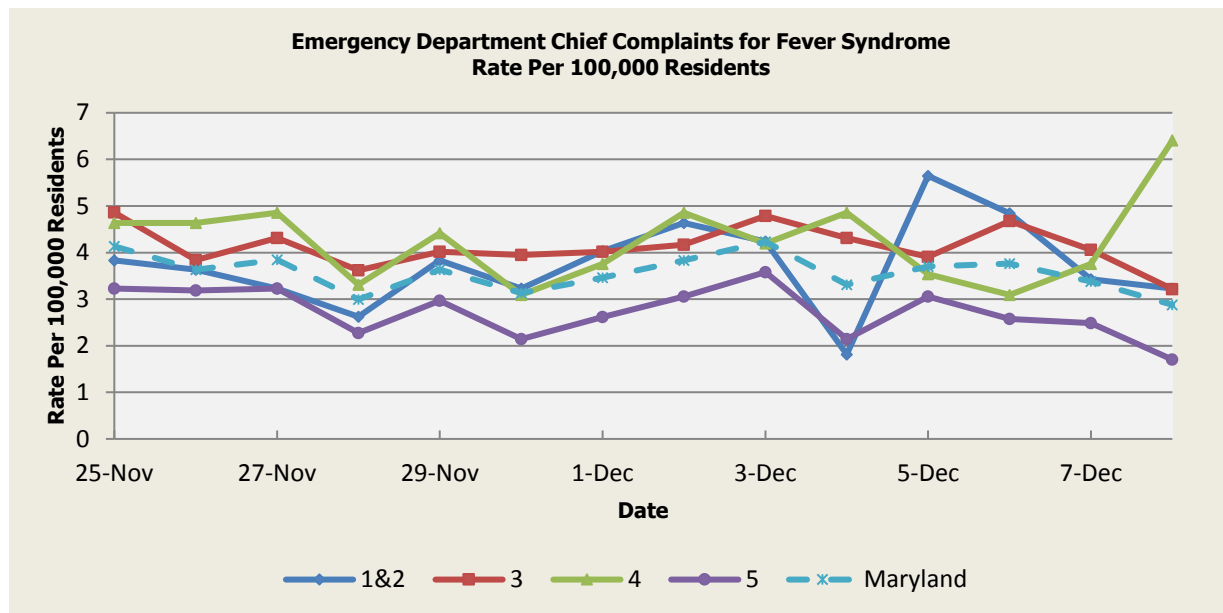
There were no Respiratory Syndrome outbreaks reported this week.

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.42	14.59	14.81	9.90	12.63
Median Rate*	11.90	14.03	14.13	9.52	12.15

* Per 100,000 Residents

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Fever Syndrome



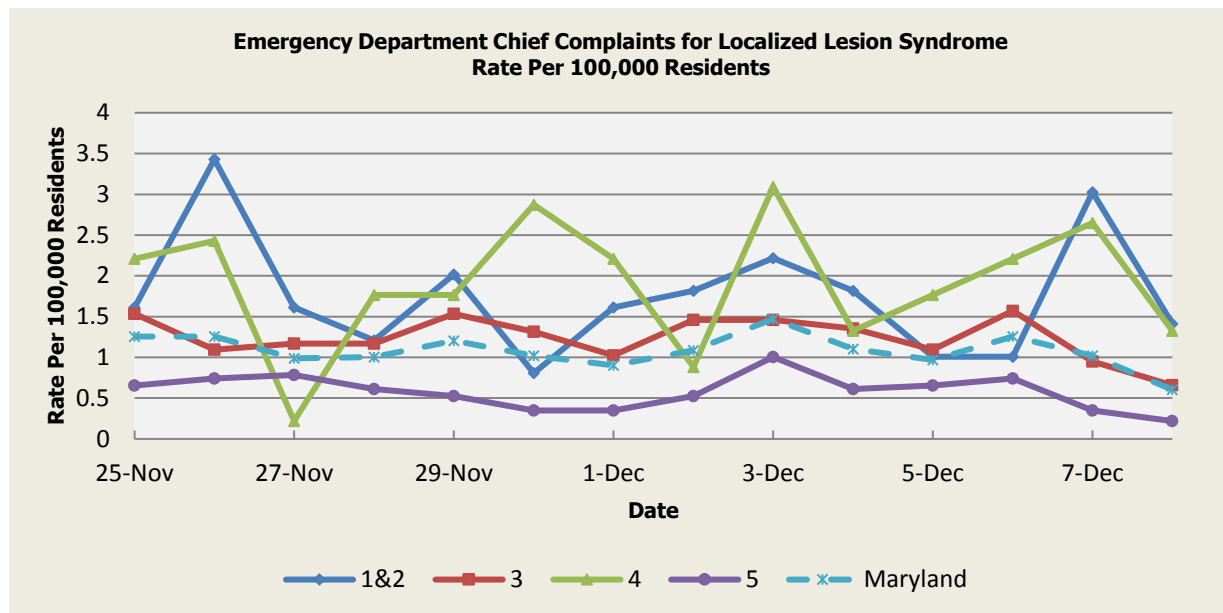
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.00	3.87	4.02	3.03	3.48
Median Rate*	2.82	3.73	3.75	2.92	3.36

**Per 100,000 Residents*

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Localized Lesion Syndrome



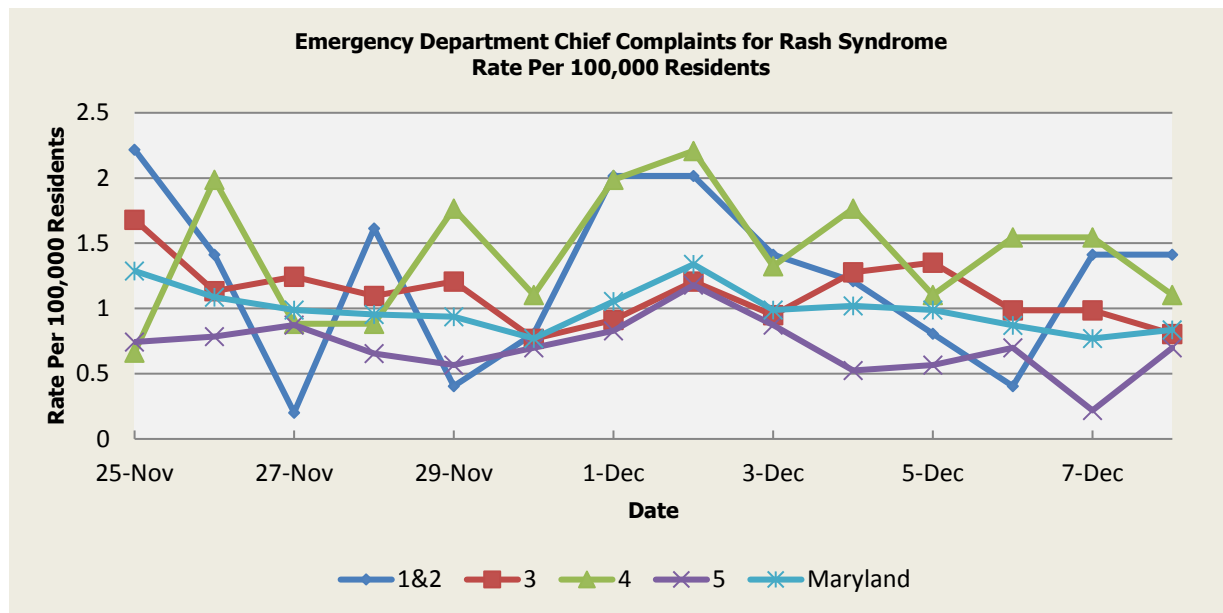
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.08	1.83	2.05	0.92	1.44
Median Rate*	1.01	1.75	1.99	0.87	1.39

* Per 100,000 Residents

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Rash Syndrome



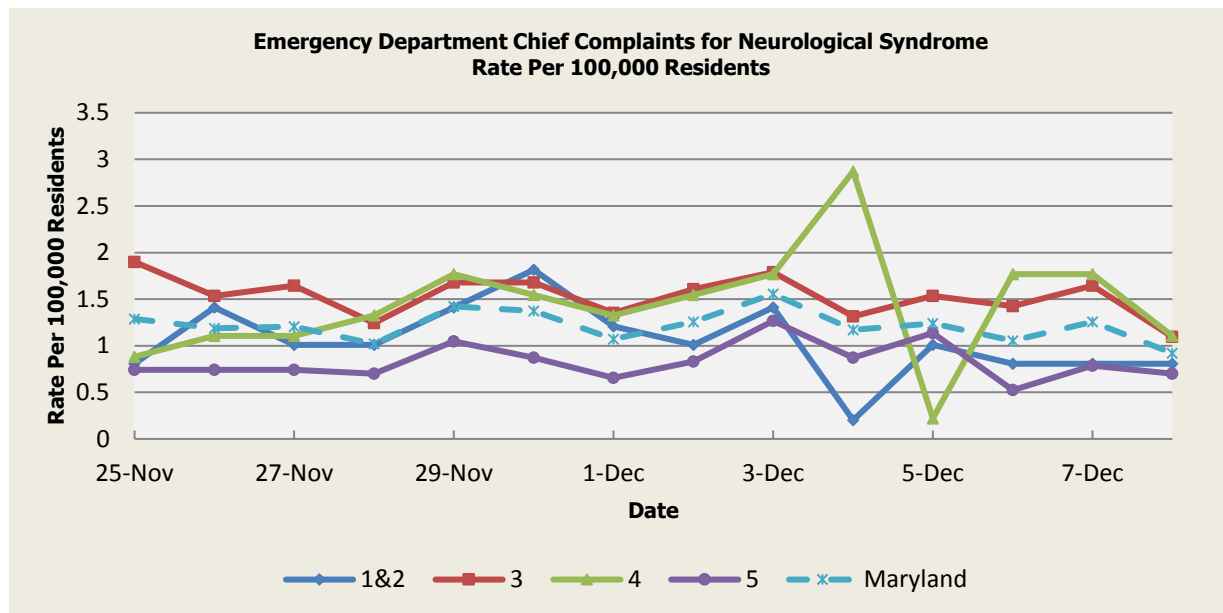
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.22	1.70	1.78	1.00	1.40
Median Rate*	1.21	1.64	1.77	0.96	1.34

* Per 100,000 Residents

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Neurological Syndrome



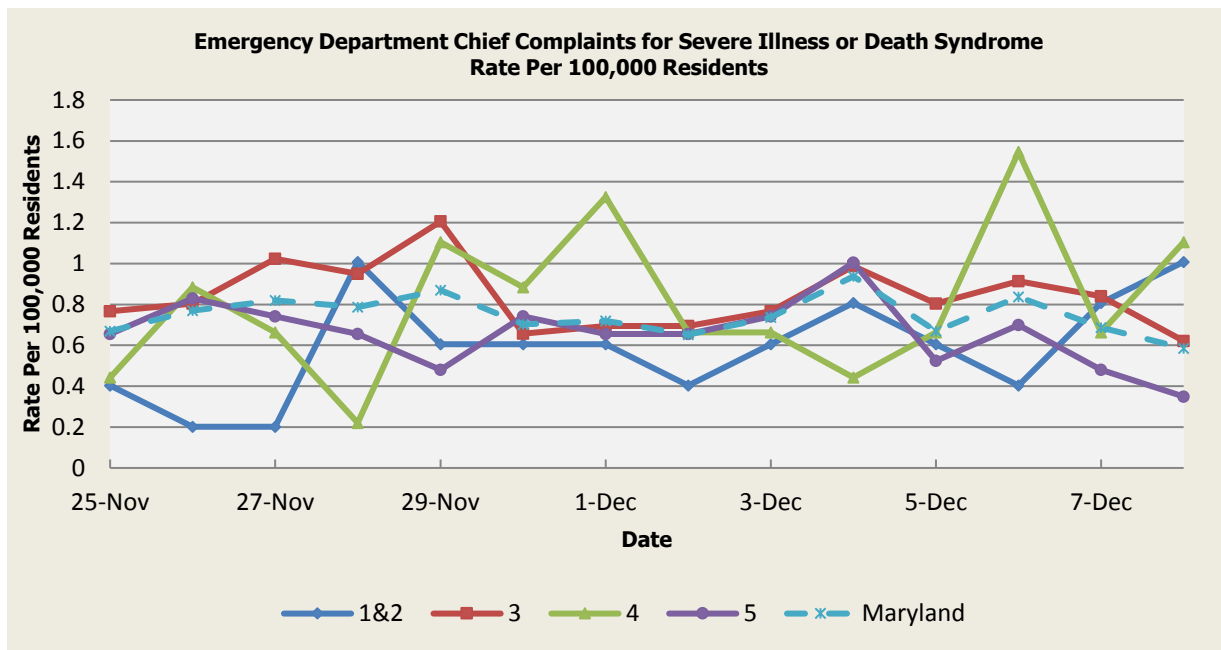
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.74	0.91	0.81	0.57	0.76
Median Rate*	0.60	0.80	0.66	0.52	0.65

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

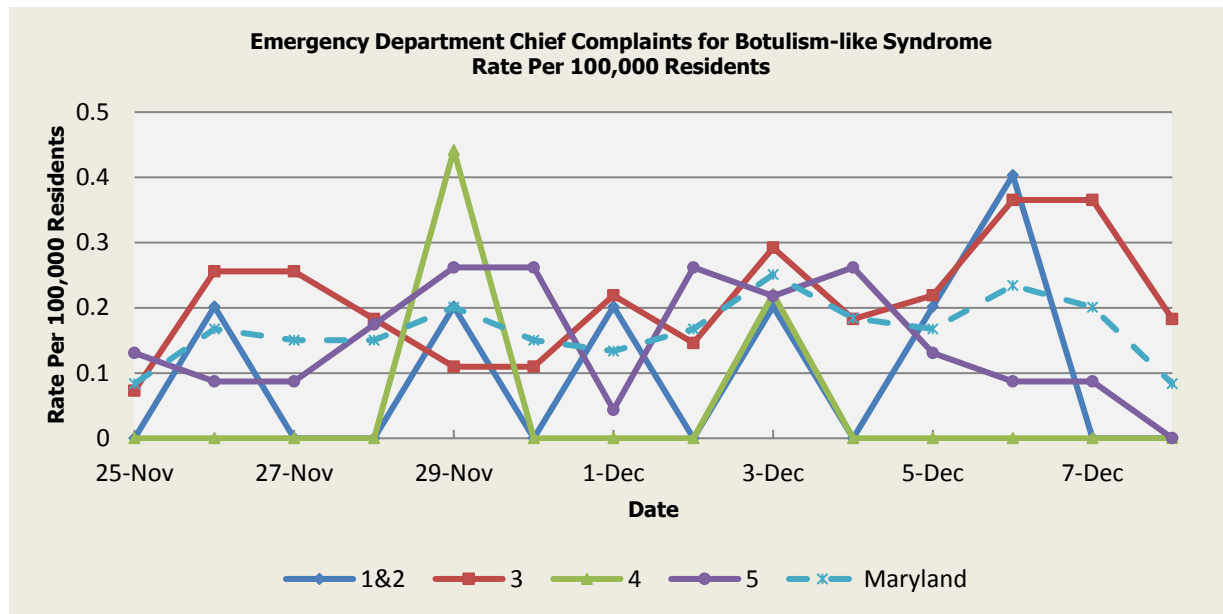
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.91	0.82	0.50	0.72
Median Rate*	0.60	0.88	0.66	0.48	0.69

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



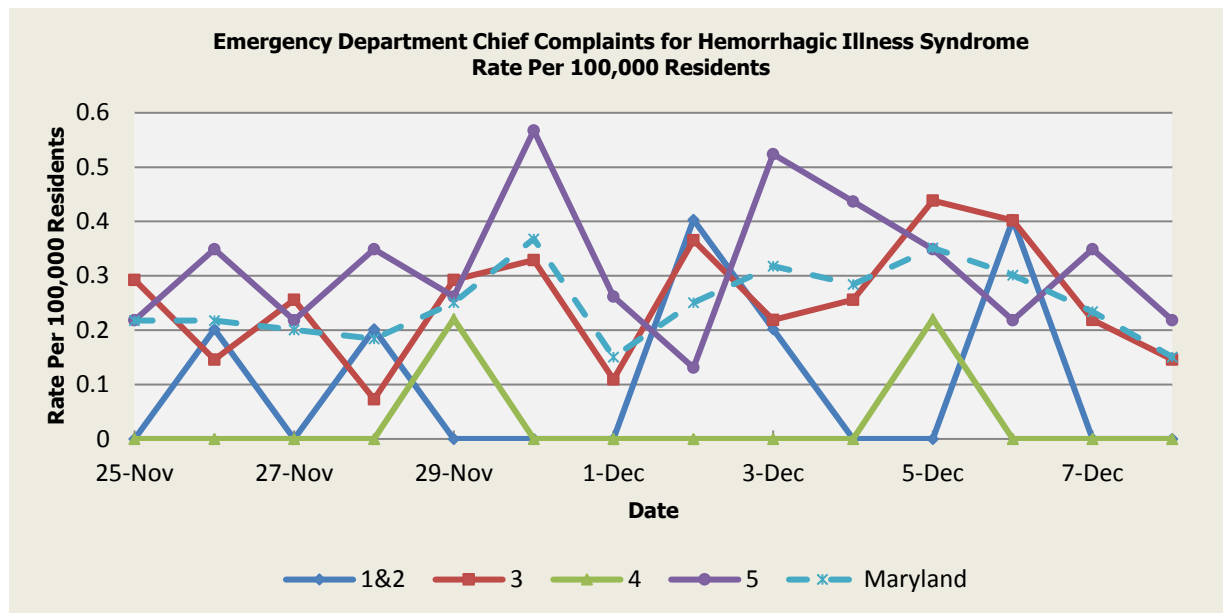
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 11/26 (Regions 1&2,3), 11/27 (Region 3), 11/28 (Region 5), 11/29 (Regions 1&2,4,5), 11/30 (Region 4), 12/1 (Regions 1&2), 12/2/ (Region 5), 12/3 (Regions 1&2,3,4,5), 12/4 (Region 5), 12/5 (Regions 1&2), 12/6 (Regions 1&2,3), 12/7 (Region 3). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	0.07	0.11	0.05	0.07	0.09
Mean Rate*	0.07	0.11	0.05	0.07	0.09
Median Rate*	0.00	0.07	0.00	0.04	0.07

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



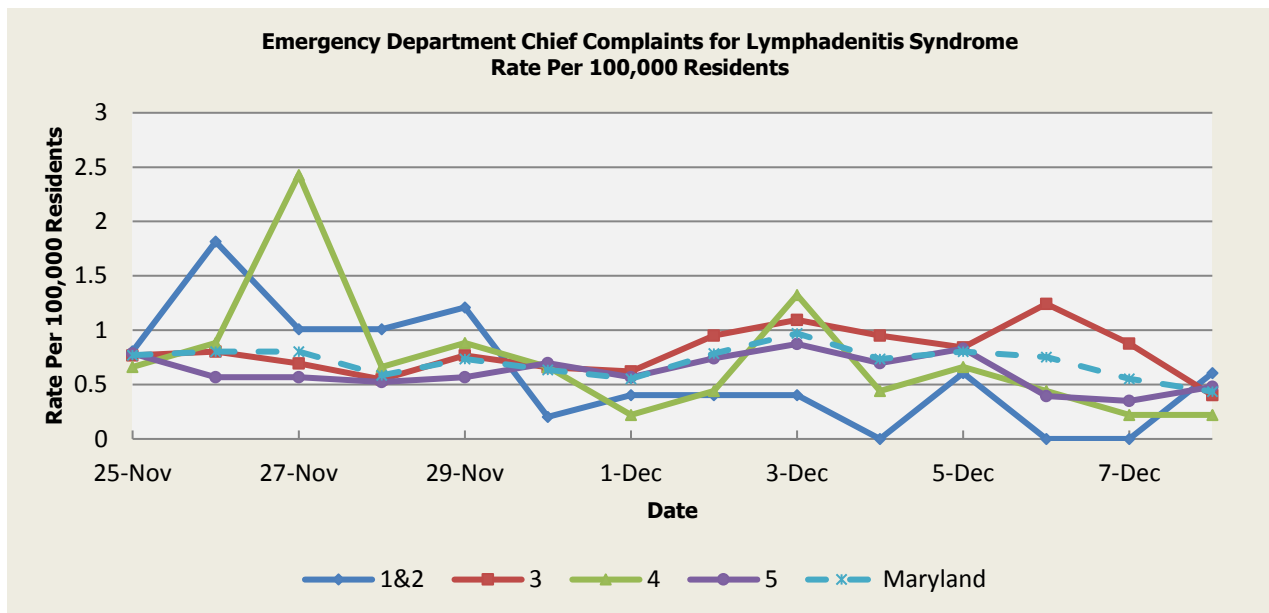
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 11/26 (Regions 1&2,5), 11/28 (Regions 1&2,5), 11/29 (Regions 4,5), 11/30 (Regions 3,5), 12/1 (Region 5), 12/2 (Regions 1&2,3), 12/3 (Regions 1&2,5), 12/4 (Region 5), 12/5 (Regions 3,4,5), 12/6 (Regions 1&2,3), 12/7 (Region 5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.15	0.03	0.11	0.12
Median Rate*	0.00	0.07	0.00	0.04	0.07

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 11/25 (Regions 1&2,5), 11/26 (Regions 1&2,4), 11/27 (Regions 1&2,4), 11/28 (Regions 1&2), 11/29 (Regions 1&2,4), 12/2 (Region 5), 12/3 (Regions 4,5), 12/5 (Region 5), 12/6 (Region 3). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.34	0.57	0.39	0.36	0.46
Median Rate*	0.20	0.47	0.44	0.31	0.38

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

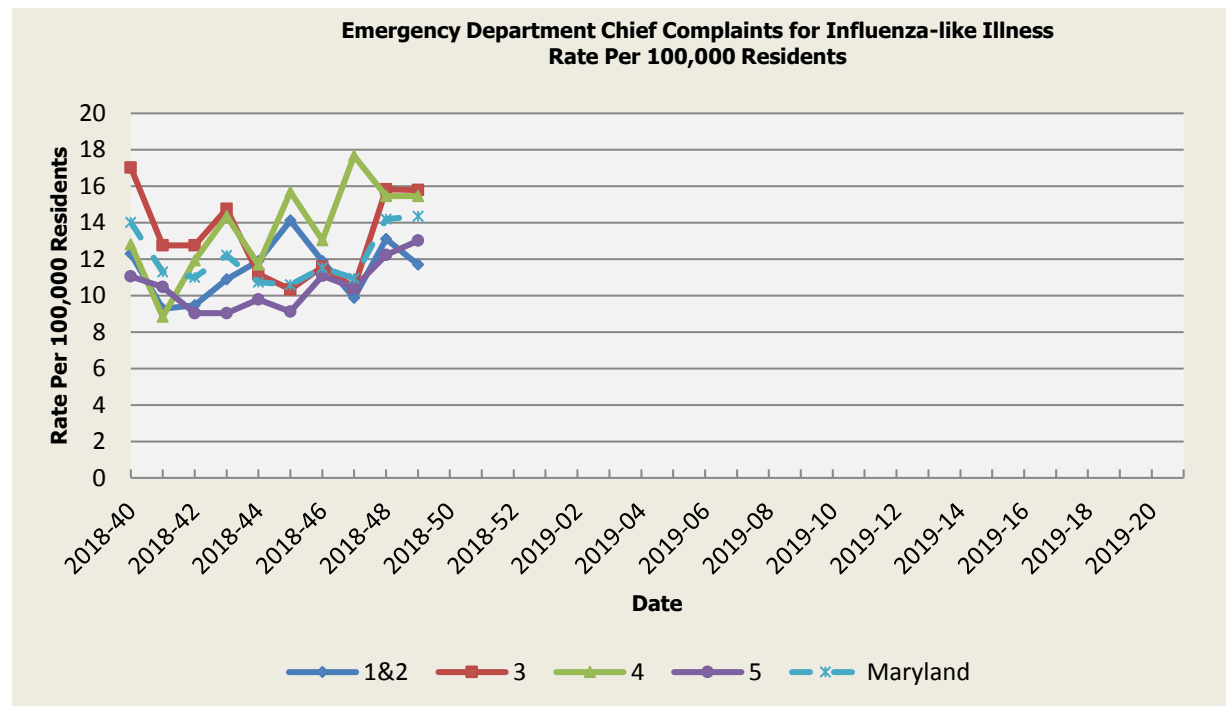
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May). Seasonal Influenza activity for Week 01 was: Sporadic Geographic Spread with Minimal Intensity.

Influenza-like Illness

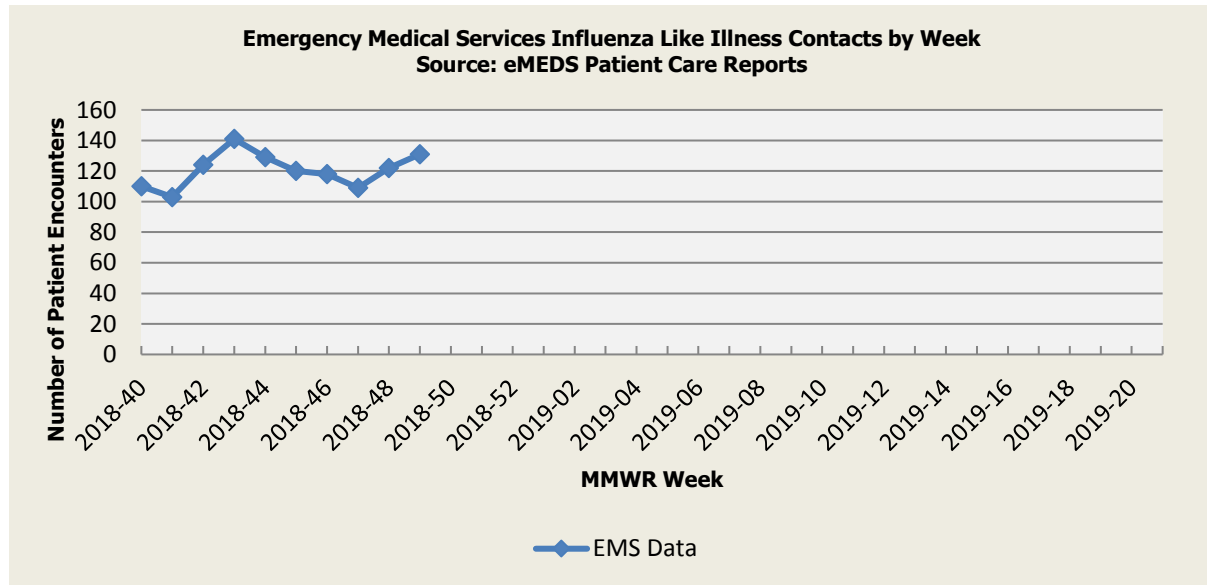


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.30	16.49	15.13	14.26	15.19
Median Rate*	7.66	9.65	9.05	8.45	8.99

* Per 100,000 Residents

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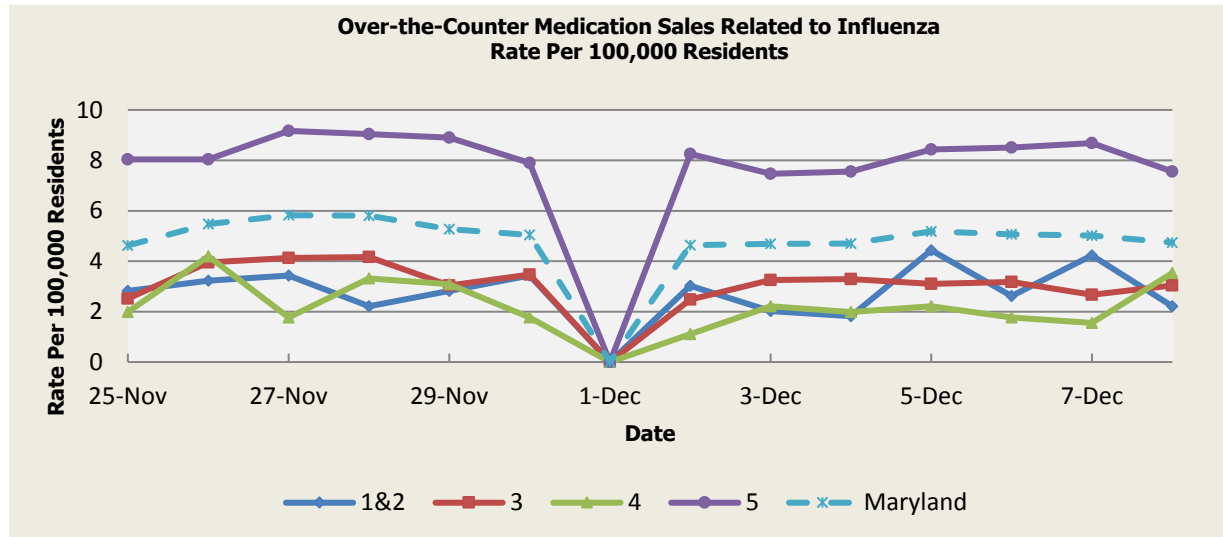
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



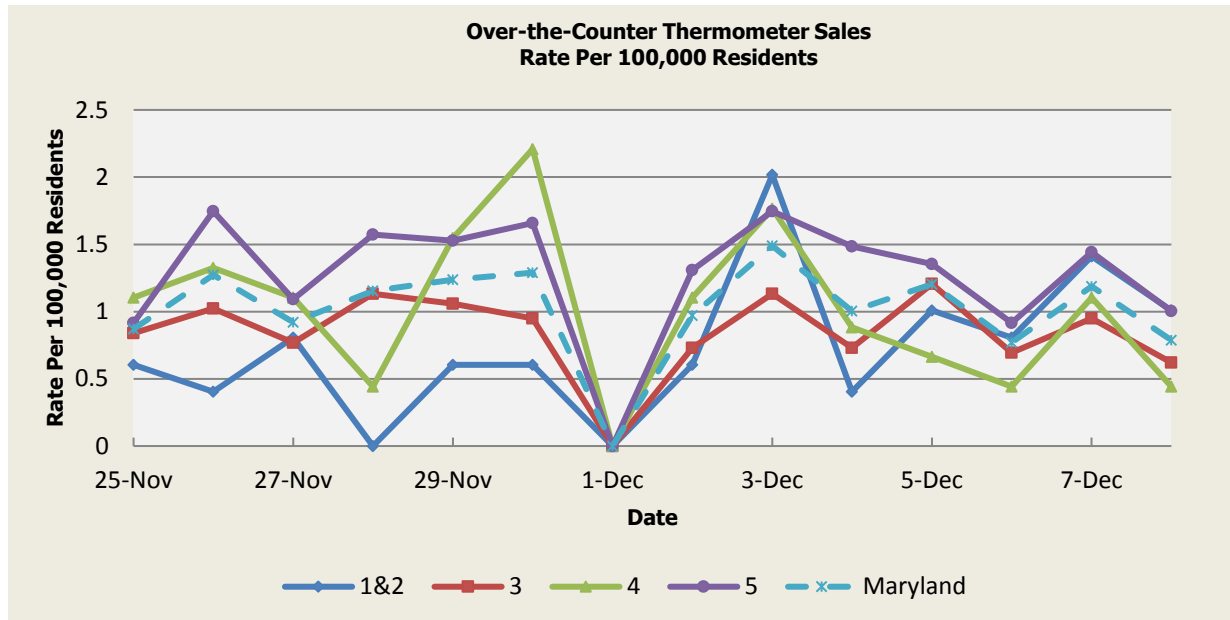
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.62	4.69	2.74	8.10	5.76
Median Rate*	2.82	3.98	2.43	7.47	5.10

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.15	3.01	2.37	3.99	3.35
Median Rate*	2.82	2.85	2.21	3.80	3.18

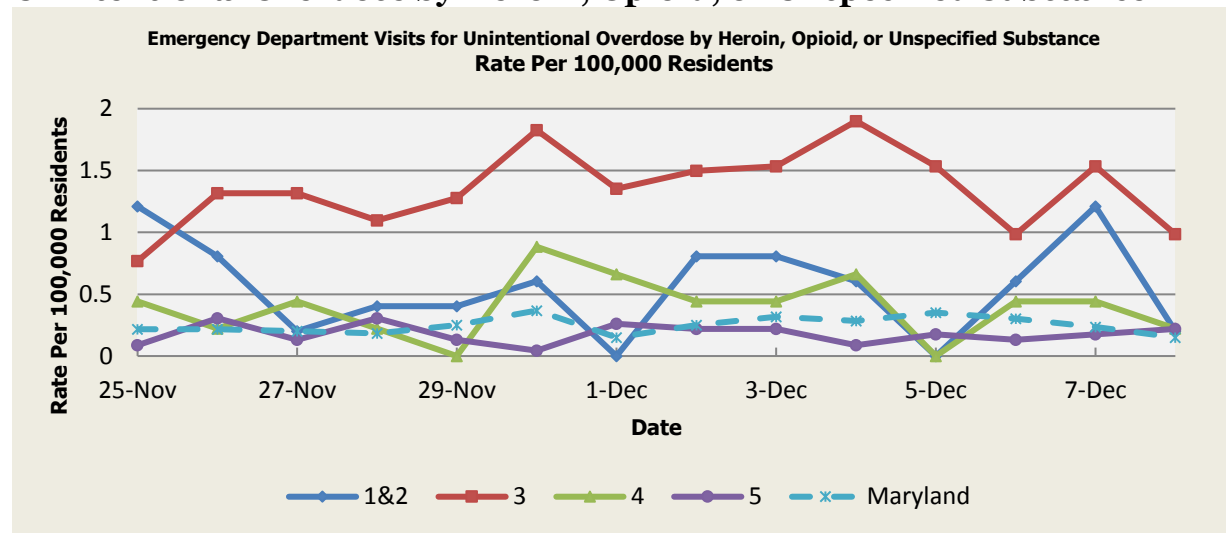
* Per 100,000 Residents

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SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

Unintentional Overdose by Heroin, Opioid, or Unspecified Substance



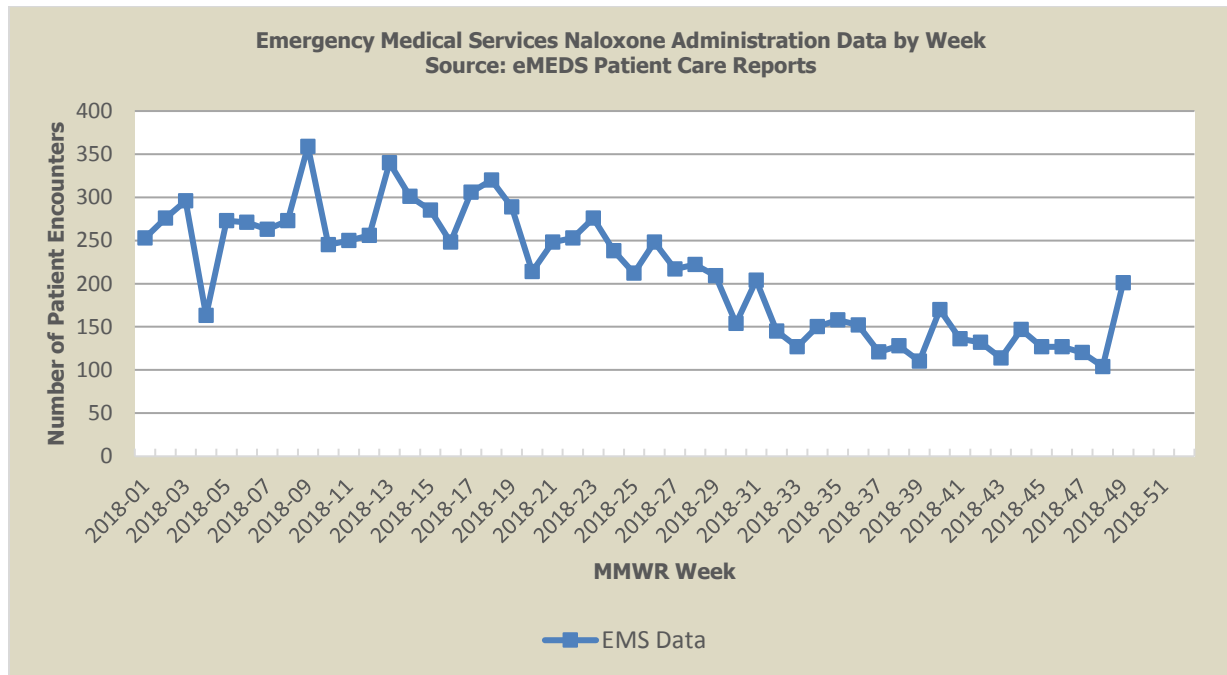
Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.28	0.36	0.32	0.13	0.26
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents

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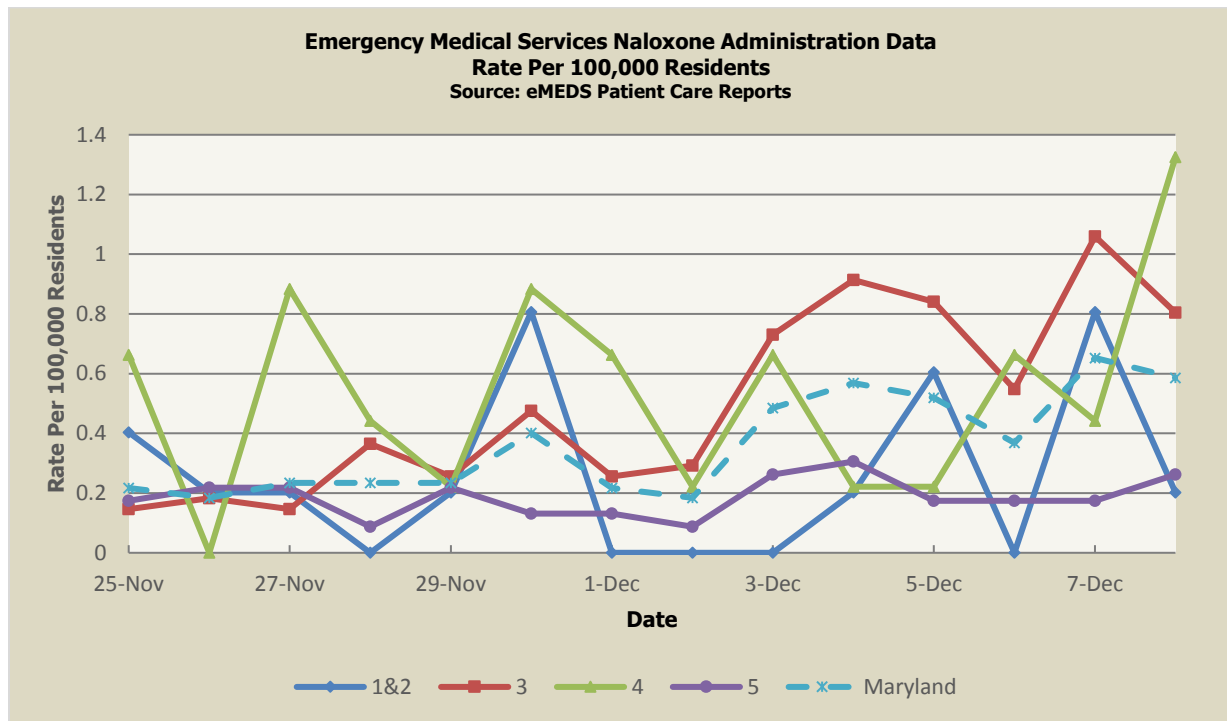
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

EMS Naloxone Administration Data Baseline Data January 1, 2017 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.28	0.36	0.32	0.13	0.26
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of December 12, 2018, the WHO-confirmed global total (2003-2018) of human cases of H5N1 avian influenza virus infection stands at 860, of which 454 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant avian influenza reports this week.

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week.

NATIONAL DISEASE REPORTS

ACUTE FLACCID MYELITIS (MICHIGAN), 11 Dec 2018, Health officials say Michigan has its first confirmed case this year [2018] of a mysterious paralyzing illness called acute flaccid myelitis. The Michigan Department of Health and Human Services announced on 5 Dec 2018, it was notified by the Centers for Disease Control and Prevention the state has a confirmed case in a child in Wayne County including Detroit and some suburbs. Read More:

<http://www.promedmail.org/post/6199326>

HISTOPLASMOSIS (LOUISIANA), 05 Dec 2018, The Istrouma Area Council of Boy Scouts of America, along with the Louisiana Department of Health (LDH), has closed a campsite on Avondale Scout Reservation to investigate cases of a disease that hospitalized 2 campers, sparking the involvement of the Centers for Disease Control and Prevention (CDC). Louisiana

State Epidemiologist Raoult Ratard, speaking for the LDH, tells WAFB at least 15 campers may have been exposed to histoplasmosis, a disease spread through exposure to soil contaminated with bat or bird droppings. Read More: <http://www.promedmail.org/post/6182707>

INTERNATIONAL DISEASE REPORTS

CRIMEAN-CONGO HEMORRHAGIC FEVER (PAKISTAN), 10 Dec 2018, Congo virus has been detected in Booni Chitral district after a butcher of Afghan nationality has been tested positive. Two butcher shops in the area have been sealed and the butchers and family members asked to undergo testing for the virus. Of note, butchery and bread baking (Tandoor nan bai) jobs are taken up by Afghan nationals. Read More: <http://www.promedmail.org/post/6202743>

SALMONELLOSIS (FRANCE), 10 Dec 2018, The scale of a Salmonella outbreak in France linked to raw milk cheese has jumped to more than 80 possible cases. Santé publique France, the national public health agency, said 83 people had been identified so far in the Salmonella [enterica_serotype] Enteritidis outbreak, which is up from 14 in the initial announcement. The cheese was also distributed to Austria, Belgium, Germany, and Italy. Belgium and Germany have issued recall notices. Read More: <http://www.promedmail.org/post/6200263>

CHOLERA (SOMALIA), 07 Dec 2018, The Ministry of Health of Somalia has announced 27 new suspected cases of cholera, with one death, reported in Banadir region for epidemiological week 46 (12 to 18 Nov) of 2018. Of these new cases, 44% (12) are female, and 44% (12) are children below 5 years of age. During this reporting period, of the seven stool samples collected from suspected cholera cases and tested in the National Public Health Laboratory (NPHL), six samples were positive for Vibrio cholera, serotype O1 Ogawa. The cumulative total of cases is 6587, including 45 associated deaths (case-fatality rate, 0.7%), since the beginning of the current outbreak in December 2017 along the Shabelle River. Read More: <http://www.promedmail.org/post/6191817>

TYPHOID FEVER (FIJI), 07 Dec 2018, A typhoid outbreak has been identified in the Naitasiri subdivision. This was confirmed by the Minister for Health, Dr. Ifereimi Waqainabete, who said there are 31 confirmed cases of typhoid and 14 suspected cases. He said the Naitasiri medical team continued to make daily visits, implementing public health awareness and public health interventions in these villages. He added that families have been educated on safe food preparation, food handling and proper hygiene practices. Read More: <http://www.promedmail.org/post/6191941>

HEPATITIS E (CENTRAL AFRICAN REPUBLIC), 07 Dec 2018, In a follow-up to the hepatitis E outbreak in Bocaranga-Koui Health District, Central African Republic, since late October 2018, 67 new cases of acute jaundice syndrome were reported, of which 51 were confirmed with hepatitis E virus infection. As of 23 Nov 2018, a total of 119 cases of acute jaundice syndrome were recorded, including 2 deaths (case fatality ratio, 1.7%). Of the 119 cases, 80 (67%) have been confirmed positive for hepatitis E virus infection by the Institut Pasteur Bangui. The outbreak has largely been localized to Bocaranga City. Read More: <http://www.promedmail.org/post/6191940>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

